

UNITED STATES HOUSE OF REPRESENTATIVES  
2016 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

APPROVED MAY 05 2018  
LEGISLATIVE RESOURCE CENTER  
JOHN BRISCOE  
(Office Use Only) MAY 14 PM 1:10

Name: JOHN BRISCOE Daytime Telephone: \_\_\_\_\_

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>ALABAMA</u> District: <u>4th</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# APPROVED

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **JOHN BRISCOE**

MAY 5 - 2018 / 2019

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	HAN (SCITE 401K)																																													
	FHM BANK (SP/DC)																																													
	ONSD CAPITAL																																													
	FHM BANK PAT.																																													
	VOYA P.A.T.																																													
	VOYA SAVINGS																																													
	CENTINUS BANK																																													
	CENTINUS ROTH IRA																																													
	CENTINUS ROTH IRA																																													
	WELLS FARGO STORM																																													
	FHM BANKS TRUST																																													
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**BLOCK D**

Amount of income

**Use additional sheets if more space is required**

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Name: JOHN BRISCOE

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**Use additional sheets if more space is required.**

**APPROVED**

**JOHN BRISCOE**

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# APPROVED

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **JAY BRISCOE**

DATE: **MAY 5 - 2018**

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
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JOHN BRISCOE

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**JOHN BRISCOE**

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**Capital Gains:** If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

## Asset

**Use additional sheets if more space is required.**

# SCHEDULE B - TRANSACTIONS

Name: BRISCOE

DATE: MAY 5 - 2018 / — / 20

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the capital gain box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

\* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
	Example Mega Corp. Stock			X					X									
	RENTAL 1001 # 103				X		1/13/19				X							
	RENTAL 1001 # 205				X		6/6/17				X							
	RENTAL 1001 # 208				X		9/21/17				X							
	RENTAL 1001 # 211				X		2/15/19				X							
	RENTAL 543 # 21				X		2/15/19				X							
	RENTAL 543 # 25				X		3/13/17				X							
	RENTAL 543 # 26				X		11/28/17				X							
	RENTAL 837 # 10		X				4/8/17				X							
	RENTAL 837 # 11				X		8/29/17				X							
	RENTAL 545 # 204				X		3/11/16				X							
	RENTAL 545 # 215				X		4/26/16				X							
	RENTAL 635 # 3				X		5/27/16				X							
	RENTAL 635 # 11				X		9/11/16				X							
	RENTAL 635 # 23				X		10/9/16				X							
	RENTAL 723 # 23				X		7/26/16				X							
	RENTAL 80 # 40		X				9/11/17				X							

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**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS AND PROHIBITED INCOME:** The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (notably, honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)

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Name: JIN BRISCOE

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# Author Index

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## Amount of Liability

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# SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/01	Mortgage on Rental Property, Dover, DE				X							
	BANK OF AMERICA 225 # 211	12/30/04	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 214	12/30/04	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 215	6/16/03	MORTGAGE, CONE, CA				X							
	US BANK 225 # 303	11/28/00	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 304	6/12/03	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 308	6/16/03	MORTGAGE, CONE, CA				X							
	US BANK 225 # 310	6/16/00	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 311	3/29/03	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 312	3/25/03	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 314	9/23/03	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 408	5/17/02	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 503	12/27/04	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 504	9/23/03	MORTGAGE, CONE, CA				X							
	BANK OF AMERICA 225 # 505	4/23/03	MORTGAGE, CONE, CA				X							

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## SCHEDULE E - POSITIONS

## Name of Organization:

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**EXCLUDE:** Travel-related expenses provided by Federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (F.G.D.A., 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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